



osbpd

"Equitable Healthcare Accessibility for California"

Cal-Mortgage Loan Insurance Division Pre-Application / Application

Applicant Information		
Borrower Name		Street Address (Main Office)
City & State		Zip Code
Telephone Number	Project Contact Person	
Fax Number	E-mail Address	Federal Tax I.D. Number

If a Pre-Application was submitted, update previously submitted information.

Eligibility: If the answer to the following two questions is No, you may not be eligible, please contact Cal-Mortgage for further information.

Is the Applicant a corporation formed under or subject to the Nonprofit Public Benefit Law that is organized for the purpose of owning and operating a health facility and that also meets the requirements of Section 501(c)(3) of the Internal Revenue Code?

☐ Yes ☐ No

Or, is the Applicant a political subdivision?

☐ Yes ☐ No

If Yes, please specify type

☐ City ☐ County ☐ Joint Powers
☐ Local hospital district ☐ Other

Healthcare Facility Category:

☐ Clinic ☐ Mental Health ☐ Group Home ☐ Developmentally Disabled
☐ CCRC ☐ Multi - Level ☐ SNF ☐ Intermediate Care Facility
☐ Hospital ☐ Chem. Depend. Recovery Facility ☐ Adult Day Health Care
☐ Other, Please Specify _____

Brief narrative describing the Applicant's organization and its history: (or attach copy of narrative from brochure or other document)

Amount Requested and Scope of Proposed Project

Projected loan amount: \$

Street Address(es) of the Project to be financed and insured:

Scope of project and purpose, specify healthcare services to be provided upon completion

What is the expected Project start date?

When will the Project be complete?

Estimated Project Sources and Uses of Funds – Summary

<u>Sources</u>	<u>Amount (\$)</u>	<u>Uses</u>	<u>Amount (\$)</u>
Existing Cash		Retire Debt	
Fundraising		Property Acquisition	
Grants		Construction/Remodel	
Insured Loan		Equipment	
Loan (s)		Contingency	
Other :		Financing Costs	
		Other:	
Total Sources		Total Uses	

Certification

The undersigned representative of the Applicant hereby certifies that all documents and information provided in conjunction with this loan request and pre-application / application form are complete, accurate and represent the scope of business conducted by the Applicant the scope of the proposed project.

Signature

Date

Send to:

Cal-Mortgage Loan Insurance Division

300 Capitol Mall, Suite 1500

Sacramento, California 95814

Telephone: (916) 324-9957

Fax: (916) 445-2837

E-mail: cminsure@oshpd.ca.gov

**Pre-Application
List of Attachments**

A. Governance and Management:

- ☐ 1. Governing Board: A list of names with occupations / professional background and when term expires
- ☐ 2. Management organization chart
- ☐ 3. Resumes for the following:
 - ☐ a. Chief Executive Officer / Executive Director / Administrator
 - ☐ b. Chief Operating Officer (if applicable)
 - ☐ c. Chief Financial Officer or Equivalent
 - ☐ d. Medical Director (if applicable)
 - ☐ e. Individual(s) responsible for managing the Project (if applicable)

B. Financial Information:

- ☐ 1. Copies of the last three annual audited financial statements. Include copies of management letters and Management responses.
- ☐ 2. Copy of the most recently filed tax return
- ☐ 3. Copy of the most recent internally prepared financial statements, year-to-date (not more than two months old).

If a Pre-Application was submitted, update previously submitted information and include the following, additional Application attachments.

Application List of Attachments

A. Governance and Management

See pre-application list. Update with any changes.

4. ☐ If management is provided by contract, provide a copy of the contract.

B. Financial Information

See pre-application list. Update with any changes.

C. Corporation Information and Documentation

Documents – Copies of:

1. ☐ Articles of Incorporation
2. ☐ By-laws
3. ☐ Current Internal Revenue Service 501(c)(3) designation letter
4. ☐ Current Franchise Tax Board tax-exempt designation letter
5. ☐ Current licenses to operate facilities
6. ☐ Board's Investment Policy

Information:

7. ☐ Chart of the Applicant's structure (parents, affiliates, subsidiaries) including copies of any agreements with, or loans or guarantees to or from, the Applicant and/or "parent" corporation or other entity.
8. ☐ Listing of all locations (service sites, property) with addresses and ownership status

D. Project Planning:

Healthcare Services and Facilities:

1. ☐ Include a description of the proposed project, including healthcare services to be provided upon completion of the project. List any alternatives to the proposed project that were considered.
2. ☐ A brief design narrative explaining the functions and services in the proposed facility, which includes the number and types of rooms needed for the functions and services.
3. ☐ Include a facility (development) master plan, or a narrative description of the Applicant's plans for future development, acquisition of real property or growth over the term of the proposed borrowing, if any.

Financing and Feasibility:

4. ☐ Include a description of all consulting contracts, including parties thereto, relating to the project.
5. ☐ Include original commitment letters from the proposed issuer of the bonds or certificates of participation (collectively **Bonds**) and from the Underwriter or Lender.
6. ☐ If the project includes a refinancing:
 - ☐ Include a copy of promissory notes with complete description of original project financed, or Official Statements for prior bond issues and evidence of the current outstanding principal balances and amortization schedules of each debt to be refinanced. Include a refunding analysis showing the proposed new debt structure, sources and uses of funds, costs of issuance and net present value savings.
 - ☐ If the project is only a refinancing that is not currently insured by OSHPD and if the refinancing is being undertaken for reasons other than debt service savings, explain the reasons.
7. ☐ Applicant's Financial Feasibility Study, (see Exhibit B). (Note that for small projects, generally those less than \$1 million, the Applicant should consult with its Project Officer regarding the possibility of using a financial feasibility workbook. This standard workbook for small projects may be prepared by the Applicant internally, avoiding significant consulting costs.)
8. ☐ List of grants, contracts and other information that support revenue forecasts, including grantor, amount, effective date, and whether it's a one time or renewable source of revenue.
9. ☐ Proposed Annual Debt Services Schedule(s).
10. ☐ Estimate of Costs and Requisition Form OSH-CM-134, (see Exhibit C).
11. ☐ Certified copy of the resolution of the governing board authorizing the borrowing and designating a signatory to execute the transaction documents
12. ☐ If the Applicant expects to reimburse itself for any expenditures from proceeds of a tax exempt borrowing, then the Applicant needs a Declaration of Official Intent (for sample, see Exhibit D). The Declaration (final resolution) must be approved by bond counsel prior to submission to Cal-Mortgage.

Property and Land Acquisition:

13. ☐ If land is to be purchased:
 - Include a description of the proposed parcel(s) and all improvements.
 - Attach a copy of the Purchase (Option) Agreement.
14. ☐ Original of the property appraisal by a State Certified Appraiser (See Business and Professions Code Section 11300, et. seq.)
15. ☐ Preliminary title report for issuance of ALTA Lenders title policy
16. ☐ Copy of the Phase I Environmental Site Assessment from the State Department of Toxic Substance Control (see Exhibit E).

Construction (including remodeling):

17. ☐ Map of the community showing location of the construction site.
18. ☐ Plat plan showing property lines and existing and proposed new structures positioned on the site
19. ☐ Drawings of the proposed building and of any existing buildings on the site. The relationship of the various departments and services shall be shown. The name of each room denoting its function shall be noted. The plans may be single line drawings of a legible scale and should include the following:
 - Plat plan showing roads, distances to property lines, existing buildings, parking, sidewalks, etc.
 - The plan of each floor, with the square footage shown.
 - Elevations of all facades and relevant sections shall be shown.
20. ☐ Outline specifications, which provide a general description of the type of construction, exterior and interior finishes, and type (description) of heating, ventilating and plumbing systems.
21. ☐ Describe the architect's and engineer's past experience in designing a similar type facility.
22. ☐ Attach a copy of the executed contract(s) with the architect and all engineers and consultants, if any.
23. ☐ If known, the proposed contractor for the project and a description of the contractor's past experience in constructing a similar type facility.
24. ☐ Preliminary cost estimate based on the drawings and outline specifications listing the separate costs for the structure, equipment, furnishings, landscaping, paving/parking, and off-site work.
25. ☐ Copy of independent cost estimate prepared by a firm other than the Architect or the Contractor.
26. ☐ Copy of the zoning approval (if required by a local agency).
27. ☐ Identify planning documents, building permits and governmental agency approvals that will be required for the project, and which approvals are in-hand and the estimated dates for obtaining pending permits.
28. ☐ Copy of the Environmental Impact Report or Negative Declaration approved by the appropriate authority.

E. Community Benefit

- ☐ Community Benefit
1. Describe how this project will meet identified health-care needs of the community or of an underserved population, including how the project will provide culturally competent care.
 2. Include a list of bilingual services, if any, which are, or will be, offered.
 3. Describe the community services the Applicant shall provide as a result of this project, as required by Health & Safety Code Sections 129050(j) and 129085.

If Applicant is a **hospital**:

4. ☐ Describe the community services the Applicant shall provide as a result of this project, as required by Health & Safety Code Sections 129055 (or 129070) and 129065.
5. ☐ Attach a copy the Applicant's Community Benefit Plan as required by Senate Bill 697 (Torres), Chapter 812, Statutes of 1994.

If Applicant is a **skilled nursing facility** or **clinic**:

6. ☐ Describe the community services the Applicant shall provide as a result of this project, as required by Health & Safety Code Section 129055 (or 129070).

If Applicant is a **continuing care (multi-level) facility**, include:

7. ☐ Copy of the Deposit Subscription Agreement
8. ☐ Copy of the Care and Resident Agreement

F. Other Supplemental Information

1. ☐ List the amount of insurance coverage by category:
 - a. Structure
 - b. Contents
 - c. Liability (including owned and non-owned auto)
 - d. Business Interruption and Extra Expense
 - e. Earthquake and Flood
 - f. Errors and Omissions
 - g. Directors and Officers Liability
2. ☐ Schedule of all pending and threatened litigation or claims involving the Applicant, or any related corporation or other entity, or their respective properties, whether plaintiff or defendant, and the results of the plaintiff/defendant index search for the Applicant, or any related corporation or other entity, and the extent to which it is or is not covered by insurance.
3. ☐ Current status on all union contracts and labor relations affecting facility operating expense.
4. ☐ Disclosure Information Questions – complete and attach Exhibit F.